



**INSIGHT VISION GROUP**

## Materials Order Form

Doctor Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Items:**

**Quantity:**

***IVG Practice Brochures*** (Reviews cataract surgery, LASIK, PRK, ICL, glaucoma, keratoconus, corneal cross linking, corneal transplants) \_\_\_\_\_

***Referral Forms*** \_\_\_\_\_

***LASIK / PRK Trifold Brochures*** \_\_\_\_\_

***Cataract Trifold Brochures*** \_\_\_\_\_

***Serum Tears Trifold Brochure*** \_\_\_\_\_

***Map Pads*** (To provide the patient with a map and contact information for IVG.)  
There are 50 maps per pad. Please indicate the number of pads you want.

\_\_\_\_\_ **Parker** (Lavendar)

\_\_\_\_\_ **Boulder** (Hot Pink)

\_\_\_\_\_ **Denver-Lowry** (Green)

\_\_\_\_\_ **Longmont** (Orange)

\_\_\_\_\_ **Denver-Yale** (Yellow)

***Any other items or request?*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to Amy Johnson  
FAX 720.880.6460  
Email [ajohnson@insightvisiongroup.com](mailto:ajohnson@insightvisiongroup.com)  
or call her at 720.271.7815 (cell)

**[www.InSightVisionGroup.com](http://www.InSightVisionGroup.com)**